New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services

Immunization Program

Supported by the United States Department of Health and Human Services (DHHS), Health Resources Services Administration (HRSA) Hospital Bioterrorism Preparedness Grant Program

Immunization Prerequisites

- **LICENSURE:**

- **NH Licensed Paramedic**

- **EDUCATION:**

- **NH Bureau of EMS developed and approved Vaccination Module instructed by a NH MD and/or RN**

- **MEDICAL DIRECTION**

- **Medical Oversight at the site of a clinic or Points of Distribution (POD)**
- **Medical Director approval required**

- **RECOMMENDATION:**

- **Recommendation from Medical Resource Hospital Physician for provider participation**
- **Recommendation from Head of Unit**

- **EXPERIENCE**

- **Experience with Intra-muscular (IM) injections and Advanced Life Support (ALS) skills**

- **QM/PI PROGRAM**

- **Completion of EMS Vaccination Skills Checklist**

- **REPORTING**
- **Quarterly reporting to NH Bureau of EMS**
- **NH Bureau of EMS to report to MCB**

- **COMPETANCE**

- **Five documented IM injections as part of supervised vaccinations**

- **RETENTION:**

- **Participation in a vaccination clinic every two years**
- **Refresher Training Program (RTP) vaccination module approved and developed by NH Bureau of EMS**

- **RESOURCES:**

- **Needles, syringes, gloves, alcohol wipes, resuscitation equipment, vaccine, appropriate vaccine storage, standard vaccination screening paperwork from Centers for Disease Control, Patient information sheet, vaccination administration record.**

- **EXPIRATION:**

- **Every two years**

Immunization Prerequisites
Checklist

_____**1. PROTOCOL TITLE AND NUMBER:**

_____**2. PROVIDER LICENSE LEVEL NECESSARY TO CARRY OUT THE PROTOCOL:**
Provide list of eligible providers

_____ **3. MEDICAL DIRECTION**
Name of Medical Director or designee overseeing training

_____ **4. RECOMMENDATIONS:**
Attach letters of recommendation

_____ **5. THE PROVIDER EXPERIENCE CRITERIA**
Provide written proof of experience criteria, through appropriate statement and/or documentation

_____ **6. ALL QUALTIY MANAGEMENT PROGRAM ELEMENTS**

_____ **7. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION**

_____ **8. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY:**
Provided documentation through appropriate statement and/or purchase receipts

_____ **9. PROVIDER RENEWAL CRITERIA:**

_____**10. TRAINING REQUIREMENT:**

DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS PREREQUISITE APPLICATION
PLEASE PRINT (BLACK INK) OR TYPE

PROTOCOL NAME_____PROTOCOL NUMBER_____

LEGAL NAME OF UNIT _____UNIT LICENSE NUMBER_____

BUSINESS STREET ADDRESS_____
STREET CITY STATE ZIP CODE

MAILING ADDRESS_____
STREET/PO BOX CITY STATE ZIP CODE

HEAD OF UNIT _____TITLE_____

CONTACT TELEPHONE_____FAX (IF AVAILABLE)_____

EMAIL ADDRESS (IF AVAILABLE)_____

MEDICAL RESOURCE HOSPITAL _____

MEDICAL DIRECTOR OR DESIGNEE_____

MEDICAL DIRECTOR PHONE_____

TYPE OF APPLICATION (CIRCLE) INITIAL RENEWAL

_____ _____
HEAD OF UNIT DATE MEDICAL DIRECTOR OR DESIGNEE DATE

ATTACHED IS SUPPORTING DOCUMENTION FOR ALL ELEMENTS LISTED IN Saf-C 5922.01 (e) WITH A LIST OF LICESNED PROVIDERS TRANED UNDER Saf-C 5922.

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5922.01 Procedures…

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

(1) The protocol title and number to which the prerequisites relate;

(2) The provider licensure level necessary to carry out the protocol;

(3) The name of the medical director, or designee, who will oversee the training module;

(4) The MRH and EMS head of unit recommendations to the division;

(5) The provider experience criteria;

(6) All quality management program elements;

(7) Reporting requirements for monitoring and skill retention;

(8) Equipment and staff support resources necessary;

(9) Provider renewal criteria, and

(10) Training requirements.

DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS IMMUNIZATION PREREQUISITE
QUALITY MANAGEMENT
QUARTERLY REPORT FORM
PLEASE PRINT (BLACK INK) OR TYPE

For the Quarter Ending (mm/dd/yyyy):_____/_____/_____

Unit Name _____Unit License Number_____

Unit Leader _____Contact # _____

Medical Resource Hospital_____

Medical Director or Designee _____Contact # _____

Clinic Site Location _____
Location name

_____
street address city/town

Vaccine type _____Dose _____Lot # _____

Number of participants_____ Male _____ Female_____ Age range _____ - _____
youngest oldest

Did any patients experience any adverse effects? No_____ Yes_____, ***if yes, please explain incident, corrective measures taken and attach documentation.***

Please supply the following:

_____ Copy of physician order for the clinic
_____ Copies of Screening Questionnaire (Adult item #P4065 or Child & Teen item #P4060)
_____ Copies of "Do I Need Any Vaccinations Today" Adults Only (item #P4036)
_____ Copies of Skills Checklist for Immunization (Adult form IMM-694B 09/01 or Pediatric IMM-694 12/11/00)
_____ Vaccination Administration Records (Adult Item# P2023 or Children & Teen Item #P2022 05/06)
_____ Copies of most current CDC Vaccine Information Statement
_____ List of paramedics who participated in the clinic with their NH Provider License Number.

Please use a separate sheet of paper to provide additional comments:

Please return to:
Vicki Blanchard, ALS Coordinator
NH Department of Safety
Division of Fire Standards and Training and
Emergency Medical Service
33 Hazen Drive
Concord, NH 03055

New Hampshire Department of Safety

Division of Fire Standards & Training And Emergency Medical Services

Recommended Curriculum for

Immunization

The Role of the NH

EMT- Paramedic

June 2006

NH Fire Standards & Training and Emergency Medical Services
Toll Free: 1-888-827-5367

33 Hazen Drive, Concord, NH 03305
Business: (603) 271-4568

Immunization Project

OBJECTIVES

Objectives Legend

C = Cognitive	1 = Knowledge
P = Psychomotor	2 = Application
A = Affective	3 = Problem – solving level

COGNITIVE OBJECTIVE

At the completion of this course the EMT-Paramedic student will be able to:

1. Discuss public health principles relevant to infectious/ communicable disease. (C-1)
2. Identify public health agencies involved in the prevention and management of disease outbreaks. (C-1)
3. Discuss the importance of immunization. (C-1)
4. Discuss influenza and pneumococcal, including causative organisms, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
5. Discuss the importance of properly following the Centers for Disease Control (CDC) guidelines (C-1)
6. Discuss the importance of proper reporting (C-1)
7. Discuss the importance of proper performance evaluation (C-1)

AFFECTIVE OBJECTIVES

At the completion of the course the EMT student will be able to:

1. Value the importance of immunization, especially in children and populations at risk. (A-1)
2. Value the importance of infectious/ communicable disease control. (A-2)
3. Consistently demonstrate the use of body substance isolation. (A-2)
4. Defend the need to prevent equipment contamination and maintain as sterile an environment as possible. (A-1)

PSYCHOMOTOR OBJECTIVES

At the completion of this course the EMT student will be able to:

1. Demonstrate the ability to comply with body substance isolation guidelines. (P-2)
2. Participate in local clinic supervised by medical director or RN (P-2)
3. Demonstrate ability to follow all CDC Guidelines in regards to vaccine administration (P-1)
4. Demonstrate proper administration of influenza and pneumococcal vaccines (P-1)
5. Demonstrate ability to properly complete CDC documentation (P-1)
6. Demonstrate proper procedure for reporting (P-1)
7. Demonstrate proper procedure for evaluating performance (P-2)

PREPARATION

Motivation: The Immunization Protocol, also known as, "EMS Vaccine Project" is intended as a trial training and implementation for paramedic for the intramuscular injection of approved vaccines under strict medical control. The trial is intended to prepare, test and evaluate training that could be employed in the event of a mass vaccination emergency.

Prerequisites: National Registry of Emergency Medical Technician - Paramedic
NH Immunization Prerequisite criteria set forth by the Medical Control Board, May 2006.

Teaching Methods: Lecture/discussion
Practical skills sessions/stations
Participation in local clinic supervised by medical director or RN
Open questions and answer periods

MATERIAL

AV Equipment: Utilize various audio-visual materials related to tracheostomy maintenance. The continuous design and development of new audio-visual material relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: Needles, syringes, gloves, alcohol wipes, sharps container, bandaging material, resuscitation equipment, vaccine, appropriate vaccine storage, standard vaccination screening paperwork from Centers for Disease Control, patient information sheet, vaccination administration record, Centers of Disease Control's "Epidemiology and Prevention of Vaccine-Preventable Diseases" AKA "The Pink Book" can be found at:
http://www.cdc.gov/nip/publications/pink/def_pink_full.htm

PERSONNEL

Primary Instructor: NH Physician or RN knowledgeable in the EMS Vaccine Project.

Assistant Instructor: The instructor to student ratio should be 1:6 for psychomotor skill practice. This may include MD, PA, or RN. EMT-Paramedics, who have previously completed this module are also eligible.

Instructor Activities: Supervise student practice.
Reinforce student progress in cognitive, affective, and psychomotor domains.
Redirect students having difficulty with content.

EVALUATION

Practical:	Evaluate the actions of the paramedic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson. Final evaluation to include participation in local clinic supervised by medical director or RN.
Remediation:	Identify students or groups of students who are having difficulty with this subject content and work with student(s) until they have met the cognitive, affective and psychomotor objectives of this lesson.
Enrichment:	Identify what is unique in the local area concerning this topic and incorporate into local training modules.
Recommended Minimum Time to Complete:	1 hour plus supervised clinic 15 minute “Just in Time” training. A 15 minute briefing given before any clinic or immunization project to ensure all trained personnel are current in CDC recommendations.

References

Texts:

- Centers of Disease Control's "Epidemiology and Prevention of Vaccine-Preventable Diseases" AKA "The Pink Book", eighth edition, Atkinson, et al, January 2004. http://www.cdc.gov/nip/publications/pink/def_pink_full.htm
- Department of Transportation Paramedic Curriculum Module 5 -11 Infectious and Communicable Diseases, 1998.
- "Influenza Immunizations Provided by EMS Agencies: The MEDICVAX Project", Mosesso, Jr. MD, Packer, MS, NREMT-P, McMahon, RN,MPH, Auble, PhD, Paris, MD, Prehospital Emergency Care January/March 2003, Volume 7/Number1.
- http://www.who.int/csr/disease/avian_influenza/en/
- http://www.immunize.org
- Skills Checklist from: Immunization Techniques, California Department of Health Services, Immunization Branch, 2151 Berkeley Way, Berkeley, CA 94704

Introduction

The Immunization Protocol, also known as, "EMS Vaccine Project" is intended as a trial training and implementation for paramedic for the intramuscular injection of approved vaccines under strict medical control. The trial is intended to prepare, test and evaluate training that could be employed in the event of a mass vaccination emergency.

The vaccines that are to be used in the trail are influenza and pneumococcus.

I EMS Vaccine Project Overview

A. Replicate the results of the Pennsylvania MedVacs project from January 2003.
B. Train to administer influenza and pneumococcal vaccine
C. Participate in local clinic supervised by medical director or RN
D. Follow all CDC Guidelines and paperwork
E. Report back with all material
F. Evaluation of performance

II Training

A. Public health principles relative to infectious (communicable) diseases
B. Infectious diseases affect entire populations of humans
C. Important to understand the demographic characteristics of the population
D. The relationships between populations is important when studying the dynamics of infectious diseases
E. The study of an infectious disease cluster (a discrete population which is infected in a defined span of time in a defined geographical area) is, by its nature, regional; however, the consequences of that cluster becoming infected may be international
F. Populations display varying susceptibilities to infection, and conversely, varying degrees of susceptibility
G. When dealing with infectious diseases, the paramedic needs to consider the needs of the patient and the potential consequence on public health
H. Discuss influenza and pneumococcal, including causative organisms, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.

III Influenza History
A. Summer-Fall 1918
B. Spanish Flu
C. World War I
D. Influenza 1918 - 1919
    1. 20 million to 50 million deaths worldwide
    2. Undiscovered virus at the time
    3. Mass casualty in health facilities
E. Bird Flu (Avian Flu)1997 - 2006

1. Hong Kong had 6 deaths from a flu only reported in birds previously
2. Slaughter of chickens occurred to removed source of infection to humans
3. Virus although spread to humans from birds did not spread from person to person
4. As of June 16, 2006, Confirmed Cases of Avian Influenza 227, confirmed deaths: 129

IV Breeding Ground for Pandemic
- A. Places where people come in contact with sick animals that are ill due to viruses or bacteria that can be transmitted to humans
- B. If the illness then can be transmitted person to person you have the ingredients for a pandemic
- C. In 1918 social disruption, cramped military quarters, exposure to new viruses all led to the creation of the pandemic

V Influenza Types
- A. 3 types: A, B & C
- B. RNA Virus
- C. 2 proteins in virus determine infection
- D. Also infects horses, pigs, birds
- E. Change from year to year
- F. One surface protein determines virus attachment to cells leading to infection
- G. Second protein determines penetration into cell
- H. These two proteins determine immunity, infection, severity and diagnosis of flu

VI Influenza Vaccine
- A. Surveillance leads to a more than 90 percent accuracy in predicting the correct virus strains for vaccine
- B. Vaccine is an inactivated virus, except in new nasal spray where it is a live virus
- C. Manufactured in eggs
- D. Takes six months to manufacture adequate vaccine
- E. Most effective if given within 2-4 months of illness
- F. 90% effective in preventing illness in the healthy
- G. 50-60% effective at preventing hospitalization in elderly
- H. 80% effective at preventing death
- I. Includes 2 likely "A" strains and one "B" strain
- J. Because of viral changes year to year, vaccination only effective against this years likely strain
- K. May protect against severe illness in similar strains

VII Healthcare Flu Vaccination
- A. Historic rates of 34% for healthcare workers
- B. Leading cause of occupational illness and risk of spread to patients
- C. In pandemic planning we need to increase
- D. Goal is to replicate the published Mobility and Mortality Weekly Report (MMWR), where hospitals were able to raise vaccination rates to near 90%
- E. Influenza vaccine 90% effective in preventing disease in healthy and effective at reducing deaths and hospitalizations in elderly and children

VIII Influenza Vaccine Administration

A. Influenza vaccinations provides for real time opportunity for real time practice in annual flu clinics
B. Indications
    1. Children less then 5 years of age
    2. Adults greater then 50 years of age
    3. Healthcare workers
    4. Patients with history of chronic diseases
    5. Patient with immunocompromise
C. Contraindications
    1. Allergy to eggs, vaccine or thimerosal
    2. Moderate to sever acute illness
D. Side effects
    1. Local reaction
    2. Fever/malaise
    3. Allergic
    4. Neurologic
E. Dose
    1. 0.5ml intramuscular injection in the deltoid with a 1 -11/2 22-25 gauge needle

IX Pneumococcus

A. Leading cause of bacterial pneumonia
B. Not seasonal dependence for vaccination
    1. Reduces pneumonia and death

X Pneumococcal Polysaccharide Vaccine

    1. 23 subtypes will result in immune response in 80%
    2. 88% protective
    3. 8% additional cross reaction
    4. Lasts for 10 years
    5. Reduces complications from pneumonia

B. Indications
    1. People over 65 years of age
    2. Children over 2 years of age with chronic illness
C. Contraindications
    1. Allergy
    2. Moderate to sever illness
D. Side events
    1. Local reaction
    2. Myalgia and fever
E. Dose
    1. 0.5ml intramuscular injection in the deltoid with a 1 -11/2 22-25 gauge needle
        a) Children receive a series of 4 shots with a different vaccine

XI Vaccine Administration Procedure

A. Reference Appendix G CDC Immunization Guide
B. Screen adults and complete CDC Questionnaire (Appendix A18)
C. Complete appropriate vaccine specific questionnaire (Appendix A20-21)
D. Storage and administration of vaccine per CDC recommendation

1. Syringe
2. Influenza 0.5ml, 22-25 gauge needle
3. Pneumococcal Vaccine 0.5ml, 22 - 25 gauge needle Intramuscular injection
4. 1 - 11/2 inches needle
5. Location: Deltoid muscle
6. Cleanse area with alcohol
7. Spread skin tight between thumb and forefinger
8. Insert the needle fully into the muscle at a 90 degree angle and inject the vaccine into the tissue.
9. Withdraw the needle and apply light pressure for several seconds with dry gauze/cotton ball

E. For purposes of pilot, special situations are to be avoided in pre-vaccine screening. (bleeding disorders, latex allergies, limited sites,)

F. Documentation
   1. Date
   2. Name
   3. Vaccine lot number
   4. Manufacturer
   5. Site
   6. Vaccine information sheet

Accompanying Documents:

- State of NH Immunization Quality Management Quarterly Report
- Adult Influenza Standing Orders www.immunize.org/catg.d/p3074.pdf * item #P3074 (8/05)
- Child Adolescent Influenza Standing orders www.immunize.org/catg.d/p3074a.pdf * item #P3074a (8/05)
- Adult Pnuemococcal Standing Orders www.immunize.org/catg.d/p3075.pdf * item #P3075 (06/04)
- Child Teen Pnuemococcal Polysaccharide Standing Orders www.immunize.org/catg.d/p3075a.pdf * item #P3075a (5/06)
- Adult Screening www.immunize.org/catg.d/p4065scr.pdf * item #P4065 (2/06)
- Child & Teen Screening www.immunize.org/catg.d/p4060scr.pdf * item #P4060 (5/06)
- Do I Need Any Vaccinations Today www.immunize.org/catg.d/4036need.pdf * item #P4036 (8/06)
- Adult Skills Checklist www.immunize.org/catg.d/2020skill.pdf IMM-694B (9/01)
- Pedi Skills Checklist www.cdc.gov/nip/publications/pink/appendices/D/skills-checklist.pdf
- Adult Admin Record www.immunize.org/catg.d/p2023b.pdf item #P2023 (10/05)
- Child & Teen Admin Record www.immunize.org/catg.d/p2022b.pdf item #P2022 (5/06)
- Its Federal Law http://www.immunize.org/catg.d/2027law.pdf item #P2027 (4/06)
- Vaccine Information Statement (VIS): Influenza Vaccine What I Need to Know http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf
- VIS: Pnuemococcal Polysaccharide What I Need to Know http://www.cdc.gov/nip/publications/VIS/vis-ppv.pdf
- Most Current VIS: http://www.cdc.gov/nip/publications/VIS/default.htm

EMS (Paramedic) Vaccination Pilot Under NH Bioterror Preparation

Procedure

Requirement successful completion of EMS vaccine pilot training program.

Registration as participant in EMS Vaccine Pilot.

Written Physician Order

Supervised Vaccination with RN and or physician present for pilot.

Reference Appendix G CDC Immunization Guide:

1. Screening Questionnaire for Adult Immunization(Appendix A18)Completed

2. Appropriate Vaccine Specific Questionnaire(A20-21)

3. Vaccine storage and administration per CDC recommendation

4. Syringe

Influenza .5 ml 22-25 gauge needle

Pneumococcal Vaccine .5 ml 22-25 gauge needle

Hepatitis B Vaccine 1.0 ml 22-25 gauge needle

5. Intramuscular injection

1- 1 ½ inch needle

Deltoid Muscle

Cleanse area with alcohol

Spread skin tight between thumb and forefinger

Insert the needle fully into the muscle at 90 degree angle and inject the vaccine into the tissue.

Withdraw the needle and apply light pressure for several seconds with dry gauze/cotton ball.

6. For purpose of pilot, special situations are to be avoided in prevacccine screening.

(Bleeding disorders, Latex allergy, limited sites,)

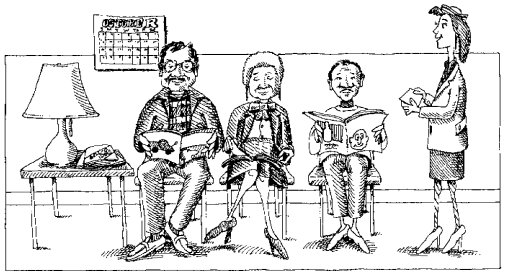
7. Documentation

Date, Name, Vaccine lot number, Manufacture, Site

Vaccine Information sheet

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Questionnaire for Adult Immunization



For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, or any vaccine?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	☐	☐	☐
6. Do you have a seizure or a brain problem?	☐	☐	☐
7. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	☐	☐	☐
8. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
9. Have you received any vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date: _____

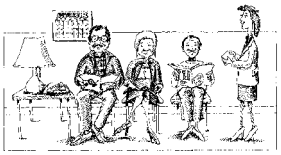
Form reviewed by: _____ Date: _____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your healthcare provider to give you one! Bring this record with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

www.immunize.org/catg.d/p4065scr.pdf • Item#P4065 (2/06)

Information for Health Professionals about the Screening Questionnaire for Adults



Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Are you sick today?
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you have allergies to medications, food, or any vaccine?
History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 3.

3. Have you ever had a serious reaction after receiving a vaccination?
History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community measles outbreak).

4. Do you have cancer, leukemia, AIDS, or any other immune system problem?
Live virus vaccines (e.g., MMR, varicella, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected individuals who do not have evidence of severe immunosuppression. Immunosuppressed persons should not receive varicella vaccine or LAIV. For details, consult the ACIP recommendations (4, 5, 6).

5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?
Live virus vaccines (e.g., MMR, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 6). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy non-pregnant individuals ages 5–49 years.

6. Do you have a seizure or a brain problem?
Tdap is contraindicated in persons who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For persons with stable neurologic disorders (including seizures) unrelated to vaccination, or for persons with a family history of seizure, vaccinate as usual.

7. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?

Certain live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the ACIP Statement "General Recommendations on Immunization" (1) or *2003 Red Book,* p. 423 (2), for the most current information on intervals between immune globulin or blood product administration and MMR or varicella vaccination.

8. For women: Are you pregnant or is there a chance you could become pregnant during the next month?
Live virus vaccines (e.g., MMR, varicella, LAIV) are contraindicated in the month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active women in their childbearing years who receive MMR or varicella vaccination should be instructed to practice careful contraception for one month following receipt of either vaccine (8, 9). Inactivated vaccines may be given to a pregnant woman whenever indicated.

9. Have you received any vaccinations in the past 4 weeks?
If the person to be vaccinated was given either live attenuated influenza vaccine (FluMist®) or an injectable live virus vaccine (e.g., MMR, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Other vaccines may be given at any spacing interval if they are not administered simultaneously. (For travelers, see reference 10.)

References:

1. CDC. General recommendations on immunization. *MMWR* 2002; 51 (RR-2).
2. AAP. *2003 Red Book: Report of the Committee on Infectious Diseases.* 26th ed. Elk Grove Village, IL: AAP, 2003.
3. Table of Vaccine Components: www.cdc.gov/nip/publications/pink/appendices/A/excipient2.pdf
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: updated recommendations of the ACIP. *MMWR* 1999; 48 (RR-6).
6. CDC. Prevention and control of influenza—recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination/
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/nip/publications/hsct-recs.pdf
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of varicella. *MMWR* 1996; 45 (RR-11).
10. CDC. Health Information for International Travel, "The Yellow Book," DHHS, Spacing of Immunobiologics, go to www.cdc.gov/travel/

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____

Chart number: _____

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA)	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[2]	Date given[2]	
Tetanus and Diphtheria e.g., Td, Tdap			IM						
			IM						
			IM						
			IM						
			IM						
Hepatitis A[3] e.g., HepA, HepA-HepB			IM						
			IM						
			IM						
Hepatitis B[3] e.g., HepB, HepA-HepB			IM						
			IM						
			IM						
Measles, Mumps, Rubella MMR			SC						
			SC						
Varicella Var			SC						
			SC						
Pneumococcal, polysaccharide (PPV)			IM•SC						
			IM•SC						
Meningococcal[4] MCV4 (conjugate) IM MPSV4 (polysacch.) SC									
Influenza[5] TIV (inactivated) LAIV (live, attenuated)									
Other									
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
2. Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients before administering each dose of Td, MMR, varicella, or HepB vaccine. Use of the VISs for hepatitis A, influenza, and meningococcal vaccines will become mandatory later in 2005.
3. For combination vaccines, fill in a row for each separate antigen in the combination.
4. Give MCV4 via the IM route and MPSV4 via the SC route.
5. Give TIV via the IM route and LAIV intranasally (IN).

www.immunize.org/catg.d/p2023b.pdf • Item #P2023 (10/05)

Vaccine Administration Record for Adults

Patient name: Mohammed Sharik

Birthdate: April 15, 1978

Chart number: 06-132543

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA)	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[2]	Date given[2]	
Tetanus and Diphtheria e.g., Td, Tdap	Td	8/01/02	IM	LA	U0376AA	AVP	6/10/94	8/01/02	JTA
	Td	9/01/02	IM	LA	U0376AA	AVP	6/10/94	9/01/02	PWS
	Td	3/01/03	IM	LA	U0376AA	AVP	6/10/94	3/01/03	TAA
			IM						
			IM						
Hepatitis A[3] e.g., HepA, HepA-HepB	HepA-HepB	8/01/02	IM	RA	HAB239A4	GSK	8/25/98	8/01/02	JTA
	HepA-HepB	9/01/02	IM	RA	HAB239A4	GSK	8/25/98	9/01/02	TAA
	HepA-HepB	2/01/03	IM	RA	HAB239A4	GSK	8/25/98	2/01/03	TAA
Hepatitis B[3] e.g., HepB, HepA-HepB	HepA-HepB	8/01/02	IM	RA	HAB239A4	GSK	7/11/01	8/01/02	JTA
	HepA-HepB	9/01/02	IM	RA	HAB239A4	GSK	7/11/01	9/01/02	TAA
	HepA-HepB	2/01/03	IM	RA	HAB239A4	GSK	7/11/01	2/01/03	TAA
Measles, Mumps, Rubella MMR	MMR	8/01/02	SC	RA	0025L	MRK	6/13/02	8/01/02	JTA
	MMR	11/01/02	SC	RA	0025L	MRK	6/13/02	11/01/02	PWS
Varicella Var			SC						
			SC						
Pneumococcal, polysaccharide (PPV)	PPV	10/01/02	(IM)•SC	LA	0443A	MRK	7/29/97	10/01/02	TAA
			IM•SC						
Meningococcal[4] MCV4 (conjugate) IM MPSV4 (polysacch.) SC	MCV4	10/12/05	IM	RA	U1766AA	SPI	4/04/05	10/12/05	JTA
Influenza[5] TIV (inactivated) LAIV (live, attenuated)	TIV	10/01/02	IM	RA	U088211	AVP	6/26/02	10/01/02	PWS
	TIV	10/10/03	IM	LA	U091145	AVP	5/6/03	10/10/03	DLW
	TIV	10/8/04	IM	RA	U100461	AVP	5/24/04	10/08/04	TAA
	TIV	10/12/05	IM	LA	U101059	SP1	7/18/05	10/12/05	JTA
Other									
Other									

1 shot, 2 different VIS dates

(This is a record for a 25-year-old healthcare worker with diabetes who is planning to travel to Saudi Arabia for the annual Hajj.)

How to record combination vaccines given to adults (i.e., HepA-HepB)

1. Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
2. Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients before administering each dose of Td, MMR, varicella, or HepB vaccine. Use of the VISs for hepatitis A, influenza, and meningococcal vaccines will become mandatory later in 2005.
3. For combination vaccines, fill in a row for each separate antigen in the combination.
4. Give MCV4 via the IM route and MPSV4 via the SC route.
5. Give TIV via the IM route and LAIV intranasally (IN).

www.immunize.org/catg.d/p2023b.pdf • Item #P2023 (10/05)

Skills Checklist for Immunization

The Skills Checklist is a self-assessment tool for health care staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each of them. Score yourself in the Self-Assessment column. If you check Need to Improve you indicate further study, practice or change is needed. When you check Meets or Exceeds you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it for performance reviews, give staff the opportunity to score themselves in advance. Next observe their performance as they provide immunizations to several patients and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (over) that will help them achieve the level of competence you expect; circle desired actions or write in others. In 30 days, observe their performance again. When all competency areas meet expectations, file the Skills Checklist in their personnel folder. At the end of the probationary period and annually thereafter, observe them again and complete the Skills Checklist.

		Self-Assessment		Supervisor Review		
Competency	**Clinical Skills, Techniques, and Procedures**	**Need to Improve**	**Meets or Exceeds**	**Need to Improve**	**Meets or Exceeds**	**Plan of Action***
A. Patient/Parent Education	1. Welcomes patient/family, establishes rapport, and answers any questions.					
	2. Explains what vaccines will be given and which type(s) of injection will be done.					
	3. Accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies patient/parents received the Vaccine Information Statements for indicated vaccines and had time to read them and ask questions.					
	5. Screens for contraindications. (MA: score NA–not applicable–if this is MD function.)					
	6. Reviews comfort measures and after care instructions with patient/parents, inviting questions.					
B. Medical Protocols	1. Identifies the location of the medical protocols (i.e. immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of the epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
	4. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
C. Vaccine Handling	1. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	2. Maintains aseptic technique throughout.					
	3. Selects the correct needle size. 1"-1½" for IM (DTaP, Td, Hib, HepA, HepB, Pneumo Conj., Flu); ⅝" for SC (MMR, Var); IPV and Pneumo Poly depends on route to be used.					
	4. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.					
	5. Labels each filled syringe or uses labeled tray to keep them identified.					
	6. Demonstrates knowledge of proper vaccine handling, e.g. protects MMR from light, logs refrigerator temperature.					

		Self-Assessment		Supervisor Review		
Competency	**Clinical Skills, Techniques, and Procedures**	**Need to Improve**	**Meets or Exceeds**	**Need to Improve**	**Meets or Exceeds**	**Plan of Action***
D. Administering Immunizations	1. Rechecks the physician's order or instructions against prepared syringes.					
	2. Washes hands and if office policy puts on disposable gloves.					
	3. Demonstrates knowledge of the appropriate route for each vaccine. (IM for DTaP, Td, Hib, HepA, HepB, Pneumo Conj, Flu; SC for MMR, Var; Either SC or IM for IPV and Pneumo Poly).					
	4. Positions patient and/or restrains the child with parent's help; locates anatomic landmarks specific for IM or SC					
	5. Preps the site with an alcohol wipe using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.					
	6. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (45º for SC or 90º for IM).					
	7. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	8. Applies gentle pressure to injection site for several seconds with a dry cotton ball.					
	9. Properly disposes of needle and syringe in sharps container. Properly disposes of live vaccine vial.					
	10. Encourages comfort measures before, during and after the procedure.					
E. Records Procedures	1. Fully documents each immunization in patient's chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use IZ registry or computer to call up patient record, assess what is due today, and update computer immunization history.					
	3. Asks for and updates patient's record of immunizations and reminds them to bring it to each visit.					

Plan of Action:

Circle desired next steps and write in the agreed deadline and date for the follow-up performance review. **a.** Watch video on immunization techniques. **b.** Review office protocols. **c.** Review manuals, textbooks, wall charts or other guides. **d.** Review package inserts. **e.** Review vaccine handling guidelines or video. **f.** Observe other staff with patients. **g.** Practice injections. **h.** Read Vaccine Information Statements. **i.** Be mentored by someone who has these skills. **j.** Role play with other staff interactions with parents and patients, including age-appropriate comfort measures. **k.** Attend a skills training or other courses or training. **l.** Attend health care customer satisfaction or cultural competency training. **m.** Renew CPR certification. **Other:**_____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Plan of Action Deadline _____

Date of Next Performance Review _____

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Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.									
***Haemophilus influenzae* type b[5]** (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.									
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.									
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rv) Give oral.									
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.									
Varicella[5] (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.									
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (5/06)

Vaccine Administration Record for Children and Teens

Patient name: Shawn Abler

Birthdate: February 3, 2006

Chart number: SA-4837

Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB	2/03/06	S	RT	0651M	MRK	7/11/01	2/03/06	JTA
	Hib-HepB	4/03/06	S	RT	1051M	MRK	7/11/01	4/03/06	DCP
	Hib-HepB	6/05/06	S	RT	1051M	MRK	7/11/01	6/05/06	DCP
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTaP	4/03/06	S	RT	647A2	GSK	7/30/01	4/03/06	DCP
	DTaP	6/05/06	S	RT	647A2	GSK	7/30/01	6/05/06	DCP
***Haemophilus influenzae* type b**[5] (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib-HepB	4/03/06	S	RT	1051M	MRK	12/16/98	4/03/06	DCP
	Hib-HepB	6/05/06	S	RT	1051M	MRK	12/16/98	6/05/06	DCP
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	IPV	4/03/06	S	LT	U4569-8	SPI	1/01/00	4/03/06	DCP
	IPV	6/05/06	S	LT	U4569-8	SPI	1/01/00	6/05/06	DCP
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	PCV	4/03/06	S	LT	489-835	WYE	9/30/02	4/03/06	DCP
	PCV	6/05/06	S	RT	489-835	WYE	9/30/02	6/05/06	DCP
Rotavirus (Rv) Give oral.	Rv	4/03/06	P	Oral	0857M	MRK			DCP
	Rv	6/05/06	P	Oral	0857M	MRK	4/12/06	6/05/06	DCP
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.									
Varicella[5] (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.									
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

Hib-HepB (Comvax)

1 shot, 2 different VIS dates

How to record Hib-HepB combination vaccine

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (5/06)

Vaccine Administration Record for Children and Teens

Patient name: Renee Schmidt

Birthdate: December 2, 2004

Chart number: 2345678

Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB	12/02/04	F	RT	0651M	MRK	7/11/01	12/02/04	JTA
	DTaP-HepB-IPV	2/02/05	F	RT	635A2	GSK	7/11/01	2/02/05	DCP
	DTaP-HepB-IPV	4/02/05	F	RT	712A2	GSK	7/11/01	4/02/05	DCP
	DTaP-HepB-IPV	6/02/05	F	RT	712A2	GSK	7/11/01	06/02/05	DLW
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTaP-HepB-IPV	2/02/05	F	RT	635A2	GSK	7/30/01	2/02/05	DCP
	DTaP-HepB-IPV	4/02/05	F	RT	712A2	GSK	7/30/01	4/02/05	DCP
	DTaP-HepB-IPV	6/02/05	F	RT	712A2	GSK	7/30/01	6/02/05	DLW
	DTaP-Hib	3/02/06	F	RA	P0897AA	SPI	7/30/01	3/02/06	RLV
***Haemophilus influenzae* type b**[5] (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib	2/02/05	F	LT	UA744AA	SPI	12/16/98	2/02/05	DCP
	Hib	4/02/05	F	LT	UA744AA	SPI	12/16/98	4/02/05	DCP
	Hib	6/02/05	F	LT	UA744AA	SPI	12/16/98	6/02/05	DLW
	DTaP-Hib	3/02/05	F	RA	7172AA	SPI	12/16/98	3/02/05	RLV
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	DTaP-HepB-IPV	2/02/05	F	RT	635A2	GSK	1/01/00	2/02/05	DCP
	DTaP-HepB-IPV	4/02/05	F	RT	712A2	GSK	1/01/00	4/02/05	DCP
	DTaP-HepB-IPV	6/02/05	F	RT	712A2	GSK	1/01/00	6/02/05	DLW
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	PCV	2/02/05	F	LT	489-835	WYE	9/30/02	2/02/05	DCP
	PCV	4/02/05	F	RT	489-835	WYE	9/30/02	4/02/05	DCP
	PCV	6/02/05	F	LT	489-835	WYE	9/30/02	6/02/05	DLW
	PCV	3/02/06	F	LA	501-245	WYE	9/30/02	3/02/06	RLV
Rotavirus (Rv) Give oral.									
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.	MMRV	12/02/05	P	RA	0857M	MRK	1/15/03	12/02/05	DLW
Varicella[5] (e.g., Var, MMRV) Give SC.	MMRV	12/02/05	P	LA	0857M	MRK	12/16/98	12/02/05	DLW
Hepatitis A (HepA) Give IM.	HepA	12/02/05	F	LA	0524L	MRK	8/04/04	12/02/05	MAT
	HepA	6/02/06	F	LA	0634K	MRK	3/21/06	6/02/06	MAT
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.									
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	TIV	10/05/05	RA	F	U097543	SPI	7/18/06	10/05/05	JTA
	TIV	11/05/05	RA	F	U097543	SPI	10/20/05	11/05/05	DCP
Other									

DTaP-HepB-IPV (Pediarix)

DTaP-Hib (Trihibit)

1 shot, 2 lot #s

1 shot, 3 different VIS dates

MMRV (ProQuad)

How to record DTaP-HepB-IPV, MMRV, and DTaP-Hib combination vaccines

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

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Vaccine Administration Record for Children and Teens

Patient name: Jason Stamper

Birthdate: October 15, 1989

Chart number: 3456789

Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB (1.0 ml)	6/02/02	P	RA	0651M	MRK	7/11/01	6/02/02	TAA
	HepB (1.0 ml)	1/02/03	P	RA	0651M	MRK	7/11/01	1/02/03	TAA
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTP	12/15/89	P	RT	326-912	LED	1/01/88	12/15/89	DCP
	DTP	2/15/90	P	RT	326-912	LED	1/01/88	2/15/90	DCP
	DTP	4/15/90	P	RT	326-912	LED	1/01/88	4/15/90	DLW
	DTP	4/15/91	P	RA	326-912	LED	1/01/88	4/15/91	RLV
	DTP	4/15/94	P	RA	326-912	LED	10/15/91	4/15/94	JTA
	Td	10/15/01	P	RA	467-854	WAL	6/10/04	10/15/01	PWS
***Haemophilus influenzae* type b**[5] (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib	12/15/89	P	LT	1492L	MRK	6/01/89	12/15/89	DCP
	Hib	2/15/90	P	LT	1492L	MRK	6/01/89	2/15/90	DCP
	Hib	10/15/90	P	LT	1492L	MRK	6/01/89	10/15/90	DLW
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	OPV	12/15/89	P	Oral	0678A	LED	3/01/83	12/15/89	DCP
	OPV	2/15/90	P	Oral	0678A	LED	3/01/83	2/15/90	DCP
	OPV	4/15/91	P	Oral	0896A	LED	3/01/83	4/15/91	RLV
	OPV	4/15/94	P	Oral	0987A	LED	10/15/91	4/15/94	JTA
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rv) Give oral.									
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.	MMR	1/15/91	P	RA	0857M	MRK	1/01/88	1/15/91	DLW
	MMR	10/15/01	P	LA	0946M	MRK	1/01/88	10/15/01	PWS
Varicella[5] (e.g., Var, MMRV) Give SC.	Var	10/15/01	P	LA	0799M	MRK	12/16/98	10/15/01	PWS
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM and MPSV4 SC.	MCV4	8/19/05	P	LA	U1766AA	SPI	4/4/05	8/19/05	DCP
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other	Tdap	7/9/06	P	LA	C2454AA	SPI	9/22/05	7/9/06	MAT

2-dose adult HepB for adolescents

How to record adult HepB vaccine given to 11-15 year olds

Example #3

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (5/06)

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Questionnaire for Child and Teen Immunization

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medications, food, or any vaccine?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Has the child had a seizure or a brain problem?	☐	☐	☐
5. Does the child have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
6. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?	☐	☐	☐
7. Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?	☐	☐	☐
8. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
9. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Did you bring your child's immunization record card with you? **yes** ☐ **no** ☐

It is important to have a personal record of your child's vaccinations. If you don't have a record card, ask the child's healthcare provider to give you one! Bring this record with you every time you seek medical care for your child. Make sure your healthcare provider records all your child's vaccinations on it. Your child will need this card to enter day care, kindergarten, junior high, etc.

www.immunize.org/catg.d/p4060scr.pdf • Item #P4060 (11/05)

Information for Health Professionals about the Screening Questionnaire for Child & Teen Immunization

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Is the child sick today?
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, or any vaccine?
History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive table of vaccine components, see reference 3.

3. Has the child had a serious reaction to a vaccine in the past?
History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a seizure or a brain problem?
DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizure, vaccinate as usual but consider the use of acetaminophen or ibuprofen to minimize fever.

5. Does the child have cancer, leukemia, AIDS, or any other immune system problem?
Live virus vaccines (e.g., MMR, varicella, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR and varicella vaccines are recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Immunosuppressed children should not receive varicella vaccine or LAIV. For details, consult the ACIP recommendations (4, 5, 6).

6. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?
Live virus vaccines (e.g., MMR, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy non-pregnant individuals ages 5–49 years.

7. Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?
Certain live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the 2003 *Red Book,* p. 423, for the most current information on intervals between immune globulin or blood product administration and MMR or varicella vaccination (1, 2).

8. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?
Live virus vaccines (e.g., MMR, varicella, LAIV) are contraindicated prior to and during pregnancy because of the theoretical risk of virus transmission to the fetus (1,6). Sexually active young women who receive MMR or varicella vaccination should be instructed to practice careful contraception for one month following receipt of either vaccine (8, 9). Inactivated vaccines may be given to a pregnant woman whenever indicated.

9. Has the child received vaccinations in the past 4 weeks?
If the child was given either live attenuated influenza vaccine (FluMist®) or an injectable live virus vaccine (e.g., MMR. varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

References:

1. CDC. General recommendations on immunization. *MMWR* 2002; 51(RR-2).
2. AAP. *2003 Red Book: Report of the Committee on Infectious Diseases.* 26th ed. Elk Grove Village, IL: AAP, 2003.
3. Table of Vaccine Components: www.cdc.gov/nip/publications/pink/appendices/A/excipient2.pdf
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: updated recommendations of the ACIP. *MMWR* 1999; 48 (RR-6).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/nip/publications/hsct-recs.pdf
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of varicella. MMWR 1996; 45 (RR-11).

Your name: _____ Date of birth: ___/___/___ (mo.) (day) (yr.) Today's date: ___/___/___ (mo.) (day) (yr.)

Do I Need Any Vaccinations Today?

Many adults are behind on their vaccinations. These checklists will help you determine if you need any vaccinations. Please check the boxes that apply to you.

Influenza vaccination

❑ I am 50 years of age or older.

❑ I am younger than 50 years of age, and one or more of the following conditions or situations applies to me:

- ___ lung disease
- ___ heart disease
- ___ kidney disease
- ___ diabetes mellitus
- ___ HIV/AIDS
- ___ a disease that affects my immune system
- ___ a condition that may cause me to choke when I swallow (e.g., neuromuscular disorder, spinal cord injury, seizure disorder)
- ___ I live in a nursing home or chronic care facility.
- ___ I will be pregnant during the influenza season (December–March).
- ___ I provide essential community services.
- ___ I am a healthcare worker.
- ___ I am a household contact or caregiver of a person who has one of the illnesses listed at the left, is elderly, or is 0–23 months of age.

❑ I am not in one of the groups listed above, but I'd like to be vaccinated to avoid getting influenza this season.

Pneumococcal vaccination

❑ I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine.

❑ I am 65 years of age or older and had one dose of pneumococcal vaccine when I was under 65; it has been at least 5 years since that dose.

❑ I have one of the following health problems and I (❑ have) (❑ have not) had a previous dose of pneumococcal vaccine.

- ___ lung disease (not asthma)
- ___ heart disease
- ___ diabetes mellitus
- ___ alcoholism
- ___ cochlear implant
- ___ kidney disease
- ___ liver disease
- ___ HIV/AIDS
- ___ Hodgkin's disease
- ___ leukemia
- ___ multiple myeloma
- ___ lymphoma
- ___ organ or bone marrow transplant
- ___ generalized malignancy
- ___ cerebrospinal fluid leak
- ___ sickle cell disease
- ___ had my spleen removed
- ___ on medication or receiving x-ray treatment that affects my immune system

Tetanus- and diphtheria-containing vaccination (e.g., DTP, DTaP, Tdap, or Td)

❑ I have not yet had at least 3 tetanus- and diphtheria-containing shots.

❑ I have had at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.

❑ I have no idea if I ever received any tetanus- and diphtheria-containing shots in school, the military, or elsewhere.

(continued on page 2)

www.immunize.org/catg.d/4036need.pdf • Item #P4036 (8/05)

Hepatitis A vaccination

❑ I am in one of the following risk groups, and I haven't had the 2-dose vaccination series against hepatitis A:

- I travel in countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.[1]
- I am a man who has sex with men.
- I use street drugs.
- I have chronic liver disease.
- I have a clotting factor disorder.

❑ I wish to receive hepatitis A vaccine to be protected against hepatitis A even though I am not in one of these groups.

Hepatitis B vaccination

❑ I am in one of the following risk groups, and I haven't completed the 3-dose vaccination series against hepatitis B:

- I live with a person who has long-term hepatitis B virus infection.
- I have a bleeding disorder that requires transfusion.
- I am or will be on kidney dialysis.
- I am an immigrant, or my parents are immigrants from an area of the world where hepatitis B is common.[2,3]
- I inject street drugs.
- I am a sex partner of a person with hepatitis B.
- I've been diagnosed with a sexually transmitted disease.
- I have had more than one sex partner in a 6-mo. period.
- I am a man who has sex with men.
- I am a healthcare or public safety worker who is exposed to blood or body fluids.
- I provide direct services for people with developmental disabilities.
- I travel outside of the U.S.[1,2]

❑ I wish to receive hepatitis B vaccine to be protected against hepatitis B even though I am not in one of these groups.

Measles-Mumps-Rubella (MMR) vaccination

❑ I was born after 1956 and never received a dose of MMR.

❑ I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.

❑ I am included in one of the following groups for whom two doses of MMR are recommended, but I have only received one dose of MMR.

___ I am a healthcare worker.
___ I travel internationally.
___ I am entering college or a post–high school educational institution.
___ I had a blood test that shows I do not have immunity to rubella.

Chickenpox (Varicella) vaccination

❑ I have never had chickenpox disease or varicella vaccination.

❑ I'm not sure if I've had chickenpox or not.

❑ I may become pregnant and do not know if I'm immune to chickenpox.

Meningococcal vaccination

❑ I am (or will be) a college freshman living in a dorm.

❑ I am traveling to an area of the world where meningococcal disease is common.[1]

❑ I have sickle cell disease, or my spleen isn't working or has been removed.

Note: Adults may need additional vaccines, such as pertussis, Hib, polio, or others. Talk to your healthcare provider.

1. Call your local travel clinic to find out if additional vaccines are recommended.
2. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, the Middle East except Israel, South and Western Pacific Islands, interior Amazon Basin, and certain parts of the Caribbean (i.e., Haiti and the Dominican Republic). Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.
3. Adults from these areas should be tested for hepatitis B infection prior to vaccination.

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Influenza ("flu") is a very contagious disease.

It is caused by the influenza virus, which spreads from infected persons to the nose or throat of others.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza. For most people, it lasts only a few days. It can cause:

· fever · sore throat · chills · fatigue
· cough · headache · muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Inactivated Influenza vaccine

There are two types of influenza vaccine:

An **inactivated** (killed) vaccine, given as a shot, has been used in the United States for many years.

A **live,** weakened vaccine was licensed in 2003. It is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are constantly changing. Therefore, influenza vaccines are updated every year, and an annual vaccination is recommended.

For most people influenza vaccine prevents serious illness caused by the influenza virus. It will *not* prevent "influenza-like" illnesses caused by other viruses.

It takes about 2 weeks for protection to develop after the shot, and protection can last up to a year.

Inactivated influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated influenza vaccine contains thimerosal, a preservative that contains mercury. Some people believe thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine published a report concluding that, based on scientific studies, there is no evidence of such a relationship. If you are concerned about thimerosal, ask your doctor about thimerosal-free influenza vaccine.

3 Who should get inactivated influenza vaccine?

Influenza vaccine can be given to people 6 months of age and older. It is recommended for **people who are at risk of serious influenza or its complications**, and for **people who can spread influenza to those at high risk** (including all household members):

People at high risk for complications from influenza:

- **All children** 6-23 months of age.
- People **65 years of age and older.**
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
  - heart disease
  - kidney disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- People with certain **muscle or nerve disorders** (such as seizure disorders or severe cerebral palsy) that can lead to breathing or swallowing problems.
- People with a **weakened immune system** due to:
  - HIV/AIDS or other diseases affecting the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got influenza).
- Women who will be **pregnant** during influenza season.

People who can spread influenza to those at high risk:

- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- Physicians, nurses, family members, or anyone else in **close contact with people at risk** of serious influenza.

Influenza vaccine is also recommended for adults 50-64 years of age and anyone else who wants to **reduce their chance of catching influenza.**

An annual flu shot should be *considered* for:

- People who provide **essential community services.**
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

4 When should I get influenza vaccine?

The best time to get influenza vaccine is in **October** or **November**.

Influenza season usually peaks in February, but it can peak any time from November through May. So getting the vaccine in December, or even later, can be beneficial in most years.

Some people should get their flu shot in ***October*** or earlier:

- people **50 years of age and older,**
- younger people at **high risk** from influenza and its complications (including **children 6 through 23 months of age**),
- **household contacts** of people at high risk,
- **healthcare workers**, and
- **children younger than 9 years of age** getting influenza vaccine for the first time.

Most people need one flu shot each year. **Children younger than 9 years of age getting influenza vaccine for the first time** should get 2 doses, given at least one month apart.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
  - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
  - A severe allergy to any vaccine component is also a reason to not get the vaccine.
  - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

• soreness, redness, or swelling where the shot was given
• fever • aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at **www.hrsa.gov/osp/vicp**

9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC's website at **www.cdc.gov/flu**

Vaccine Information Statement
Inactivated Influenza Vaccine (10/20/05) 42 U.S.C. §300aa-26

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

It's federal law!

You must give your patients current Vaccine Information Statements (VISs)

A vaccine complication *in Florida highlights the importance of distributing the most recent VIS to your patients. In 1997, a 3-month-old boy developed vaccine-associated paralytic poliomyelitis (VAPP) following a first dose of OPV. The boy's parents reported that their physician furnished them with the 1994 polio VIS at the time of vaccination. The polio VIS had been revised in 1997 to reflect the ACIP preference for sequential use of inactivated polio vaccine (IPV) followed by live polio vaccine (OPV), making the 1994 polio statement that was given to the parent outdated.* ***Note:*** *the most current polio VIS carries the date of 1/1/00.*

Institute for Vaccine Safety

Johns Hopkins University

The Institute for Vaccine Safety is committed to investigating vaccine safety issues and providing timely and objective information on vaccine safety to health care providers, journalists, and parents. Visit their website at www.vaccinesafety.edu

This article was originally written by Neal A. Halsey, MD, Director, Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health and was updated by the Immunization Action Coalition in April 2006.

As readers of *NEEDLE TIPS* understand, the risks of serious consequences following vaccines are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications such as the one in the Florida case are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccinees (or the parents/legal guardians of minors) with objective information on vaccine safety and the diseases that the vaccines protect against so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in health care providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccinee or the minor child's parent or legal representative about the risks and benefits of each vaccine. The VISs are not meant to replace interactions with healthcare providers who should answer questions and address concerns that the vaccinee or the parent/legal representative may have.

"We have an obligation to provide patients and/or parents with information that includes both the benefits and the risks of vaccines. This can be done with the Vaccine Information Statements that health care providers are required by law to provide prior to the administration of vaccines."

Walter A. Orenstein, MD, Past Director National Immunization Program, CDC

Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), varicella (chickenpox), influenza, or pneumococcal conjugate vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult vaccinee or to the child's parent/legal representative.

VISs are also available for pneumococcal polysaccharide, meningococcal, yellow fever, rabies, anthrax, and typhoid vaccines, and their use is recommended but not required by federal law. (EDITOR'S NOTE: Use of VISs for rotavirus and meningococcal vaccines will become mandatory later in 2006.)

State or local health departments or individual providers may place identifiers on the VISs but any other changes must be approved by the Director of CDC's National Immunization Program.

What to do with VISs

Some of the legal requirements concerning the use of VISs are as follows:

1. Before an NCVIA-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VIS available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date the VIS was given.
3. You must also record on the patient's chart the publication date of the VIS, a date which appears on the bottom of the VIS. As the Florida case above illustrates, it is imperative that you have the most current VIS.

Most current versions of VISs

As of April 2006, the most recent versions of the VISs are as follows:

DTaP/DT/DTP 7/30/01	PCV 9/30/02
hepatitis A 3/21/06	PPV 7/29/97
hepatitis B 7/11/01	polio 1/1/00
Hib 12/16/98	rabies 1/12/06
influenza (LAIV) . 10/20/05	Td 6/10/94
influenza (TIV) 10/20/05	Tdap 9/22/05
Japan. enceph. ... 5/11/05	typhoid 5/19/04
meningococcal 10/7/05	varicella 12/16/98
MMR 1/15/03	yellow fever 11/9/04

How to get VISs

VISs are available by calling your state or local health department. They also can be downloaded from the Immunization Action Coalition's website at www.immunize.org/vis or CDC's website at www.cdc.gov/nip/publications/vis

Foreign language versions of VISs are not officially available from the CDC. However, several state health departments have arranged for their translations. These versions do not require CDC approval. You can find more than 30 languages on the Immunization Action Coalition's website at www.immunize.org/vis or call your state health department. ♦

To obtain a complete set of current VISs, call your state health department or visit www.immunize.org/vis

www.immunize.org/catg.d/p2027law.pdf • Item #P2027 (4/06)

Skills Checklist for Pediatric Immunization

Goal: To assure clinical staff has the skills and competencies needed for safe, effective and caring administration of pediatric immunizations.

Purpose: The Skills Checklist can be used for self-assessment or for annual performance reviews by physician or supervisor. It also can be used for new employees, to identify what they will need in orientation and what knowledge or skills they should attain during their probationary period.

Instructions: Prior to annual review, staff should score themselves (self-assessment) on the items below. After their self-assessment, the medical director or supervisor should observe their skills and techniques with several patients. Score by checking in the appropriate column. Discuss in private any scoring differences and recommend a plan of action for any scores of **"Needs Review"**.

Scoring:

Needs Review: Needs improvement. Institute a corrective plan of action to develop appropriate skills level. Review again in 30 days, followed by 3 months review if needed.
Meets or Exceeds: Demonstrates competencies and skills required for safe, effective and caring pediatric immunization administration. File in personnel folder. Review again at end of probationary period and annually thereafter.

		Self Assessment		Supervisor Review		
Competency	**Clinical Skills, Techniques, and Procedures**	**Needs Review**	**Meets or Exceeds**	**Needs Review**	**Meets or Exceeds**	**Plan of Action***
A. Parent Education	1. Welcomes child and family, establishes rapport, and answers parents questions.					
	2. Explains what vaccines will be given and which type(s) of injection will be done.					
	3. Accommodates language or literacy barriers and special needs of parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies parents received the Vaccine Information Statements for all vaccines the child is to receive and had time to read them and ask questions.					
	5. Screens for contraindications. (MA: score NA–not applicable–if this is MD function.)					
	6. Reviews comfort measures and after care instructions with parent, inviting questions.					
B. Medical Protocols	1. Identifies the location of the medical protocols (i.e. immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of the epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
C. Vaccine Handling	1. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	2. Maintains aseptic technique throughout.					
	3. Selects the correct needle size. 1"-1 1/2" for IM (DTaP, Hib, HepA, HepB, Pneumo Conj); 5/8" for SC (MMR, Var); IPV depends on route to be used.					
	4. Reconstitutes and/or draws vaccine into syringe correctly.					
	5. Labels each filled syringe or uses labeled tray to keep them identified.					
	6. Demonstrates knowledge of proper vaccine handling, e.g. protects MMR from light, logs refrigerator temperature.					

		Self Assessment		Supervisor Review		
Competency	**Clinical Skills, Techniques, and Procedures**	**Needs Review**	**Meets or Exceeds**	**Needs Review**	**Meets or Exceeds**	**Plan of Action***
D. Administering Immunizations	1. Rechecks the physician's order or instructions against prepared syringes.					
	2. Washes hands and if office policy puts on disposable gloves.					
	3. Demonstrates knowledge of the appropriate route for each vaccine. [Intramuscular (IM) for DTaP, Hib, HepA, HepB, Pneumo Conj;Subcutaneous (SC) for MMR, Var; Either SC or IM for IPV].					
	4. Positions and restrains the patient; locates anatomic landmarks specific for IM or SC.					
	5. Preps the skin, cleaning the site and a 2" to 3" circle around it. Allows alcohol to dry.					
	6. Inserts the needle at the appropriate angle to skin (45° for SC or 90° for IM); if office policy, aspirate.					
	7. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	8. Applies gentle pressure to injection site for several seconds with a dry sterile pad.					
	9. Properly disposes of needle and syringe in sharps container. Properly disposes of live vaccine vial.					
	10. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
	11. Encourages comfort measures before, during and after the procedure.					
E. Records Procedures	1. Fully documents each immunization in patient's chart: date, lot number, manufacturer, site, VIS date.					
	2. If applicable, demonstrates ability to use IZ registry or computer to call up patient record, assess what is due today, and update computer immunization history.					
	3. Asks for and updates parents' record of their child's immunizations and reminds them to bring it to each visit.					

*Plan of Action: Might include: Review manual or textbook section on injections; review package insert; review office protocols or other references; watch video on administration techniques or vaccine handling; observe proper technique, practice injections; read Vaccine Information Statements; mentor with someone who has these skills; do role playing with other staff; attend an update, skills training or refresher course; attend cultural competency training; etc. Plan of action must include a deadline and date for a 30-day and a 3-month follow-up review.

Performance Review Acknowledgement:

Employee	Date	Plan of Action Time Frame
Supervisor	Date	Date for Follow-up Review

PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the diease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
  - heart disease
  - lung disease
  - sickle cell disease
  - diabetes
  - alcoholism
  - cirrhosis
  - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
  - Hodgkin's disease
  - lymphoma, leukemia
  - kidney failure
  - multiple myeloma
  - nephrotic syndrome
  - HIV infection or AIDS
  - damaged spleen, or no spleen
  - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
  - long-term steroids
  - certain cancer drugs
  - radiation therapy
- Alaskan Natives and certain Native American populations.

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
  - have a damaged spleen or no spleen
  - have sickle-cell disease
  - have HIV infection or AIDS
  - have cancer, leukemia, lymphoma, multiple myeloma
  - have kidney failure
  - have nephrotic syndrome
  - have had an organ or bone marrow transplant
  - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy**: The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
  Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
  VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit the National Immunization Program website at **www.cdc.gov/nip**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Checklist for Safe Vaccine Handling and Storage

Here are the 20 most important things you can do to safeguard your vaccine supply. Are you doing them all? Reviewing this list can help you improve your clinic's vaccine management practices.

Yes	No		
____	____	1.	We have a designated person in charge of the handling and storage of our vaccines.
____	____	2.	We have a back-up person in charge of the handling and storage of our vaccines.
____	____	3.	A vaccine inventory log is maintained that documents: ____ Vaccine name and number of doses received ____ Date the vaccine was received ____ Arrival condition of vaccine ____ Vaccine manufacturer and lot number ____ Vaccine expiration date
____	____	4.	Our refrigerator for vaccines is either household-style or commercial-style, NOT dormitory-style. The freezer compartment has a separate exterior door.
____	____	5.	We do NOT store any food or drink in the refrigerator or freezer.
____	____	6.	We store vaccines in the middle of the refrigerator or freezer, and NOT in the door.
____	____	7.	We stock and rotate our vaccine supply so that the newest vaccine of each type (with the longest expiration date) is placed behind the vaccine with the shortest expiration date.
____	____	8.	We check vaccine expiration dates and we first use those that will expire soonest.
____	____	9.	We post a sign on the refrigerator door showing which vaccines should be stored in the refrigerator and which should be stored in the freezer.
____	____	10.	We always keep a thermometer in the refrigerator.
____	____	11.	The temperature in the refrigerator is maintained at 35–46°F (2–8°C).
____	____	12.	We keep extra containers of water in the refrigerator to help maintain cold temperatures.
____	____	13.	We always keep a thermometer in the freezer.
____	____	14.	The temperature in the freezer is maintained at +5°F (-15°C) or colder.
____	____	15.	We keep ice packs and other ice-filled containers in the freezer to help maintain cold temperatures.
____	____	16.	We post a temperature log on the refrigerator door on which we record the refrigerator and freezer temperatures twice a day—first thing in the morning and at clinic closing time—and we know whom to call if the temperature goes out of range.
____	____	17.	We have a "Do Not Unplug" sign next to the refrigerator's electrical outlet.
____	____	18.	In the event of a refrigerator failure, we take the following steps: ____ We assure that the vaccines are placed in a location with adequate refrigeration. ____ We mark exposed vaccines and separate them from undamaged vaccines. ____ We note the refrigerator or freezer temperature and contact the vaccine manufacturer or state health department to determine how to handle the affected vaccines. ____ We follow the vaccine manufacturer's or health department's instructions as to whether the affected vaccines can be used, and, if so, we mark the vials with the revised expiration date provided by the manufacturer or health department.
____	____	19.	We have obtained a detailed written policy for general and emergency vaccine management from our local or state health department.
____	____	20.	If all above answers are "yes," we are patting ourselves on the back. If not, we have assigned someone to implement needed changes!

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